Creation Date: 05/02/2013 Revision Date: 05/02/2013 Approval Date: 12/18/2013

Revision: A

## **Health Information Physical Security Policy**

## 1. Introduction

- a. Clark County has adopted this Health Information Physical Security Policy to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Department of Health and Human Services ("DHHS") security and privacy regulations, and the Joint Commissions on Accreditation of Healthcare Organizations ("JCAHO") accreditation standards, as well as our duty to protect the confidentiality and integrity of confidential medical information as required by law, professional ethics, and accreditation requirements.
- b. All personnel of Clark County must comply with this policy. Familiarity with the personnel security policy and demonstrated competence in the requirements of the policy are an important part of every employee's responsibilities.

## 2. Policy

- a. This policy supplements Clark County's overall physical security policy that is intended to prevent crimes, such as assault, theft, and vandalism, and covers the physical security of health information.
- b. Access to computer rooms will be limited to personnel who require access for the normal performance of their duties. The IT department is responsible for determining who has physical access to computer rooms.
- c. Computer rooms will be securely locked when unattended. Security devices may be utilized monitor the entrances to deter/detect unauthorized entry.
- d. Computer monitors should, when possible, be situated so that unauthorized people cannot view the information on the screen. Screen savers may be used in accordance with the Policy on Workstation Use.
- e. Equipment removed from the facility must be removed only in accordance with the relevant policy, such as for media control or for laptops.
- f. All personnel who detect or suspect a security problem relating to health information should immediately report the problem to the applicable department head. Such personnel should follow up immediate notification with a written memorandum that includes the following information:
  - 1) Narrative of the physical security problem.
  - 2) Estimate of how long the problem may have existed.
  - 3) Suggested solutions.